

9703

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Yuma State Arizona Registered No. 4
Township Parker or Village _____
City _____ No. _____ St. _____ W. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME AARON LAWRESTER BROWN

(a) Residence. No. _____ St. _____ Ward. Salome, Arizona.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U. S. of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of single

6 DATE OF BIRTH (month, day, and year) November 21, 1917

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
18 1 27

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work High school student

(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Wickenburg
(State or country) Arizona

10 NAME OF FATHER Flavius J. Brown

11 BIRTHPLACE OF FATHER (city or town) Palopinto City
(State or country) Texas

12 MAIDEN NAME OF MOTHER Susie Knight

13 BIRTHPLACE OF MOTHER (city or town) Allred
(State or country) Arkansas

14 Informant Mrs. Flavius J. Brown
(Address) Salome, Arizona.

15 Filed 4/23/38 J. B. Roberts
11-3194 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17, 1938

17 I HEREBY CERTIFY, That I attended deceased from
Jan. 18, 1936, 19____, to Jan. 17, 1938, 19____

that I last saw him alive on January 16, 1938, 19____
and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Undetermined. Probably traumatic rupture of some internal vessel or internal hemorrhage.

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical

(Signed) Spencer D. Whiting, M.D.
, 19____ (Address) Parker, Arizona

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

3-200 d
V.S. No. 98

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.